For Washington State Nursing Home staff
From Residential Care Services, Aging and Disability Services
Department of Social & Health Services

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our mascot:
Cousin IT

"This is I.T." Newsletter

Info and Tips from the MDS-WA Office—*Clinical stuff, Computer stuff, Reports 'n stuff, and other STUFF!*
By Marge Ray and Shirley Stirling, State of WA, DSHS

RAPS—The Rest of the Story

RAP

What does it mean???

1. **To hit sharply with a quick blow**

2. **To blame or rebuke**

3. **To perform a rhythmic monologue with musical backing**

4. **A skein containing yards of yarn**

5. **The next phase after the MDS is done, or**

6. **All of the above**

Yes, all the above answers are correct, but the focus of this article is on #5.

The MDS, by itself, is not a comprehensive assessment, even though it contains over 500 discrete items. It is more of a preliminary screening tool to identify potential problems, strengths and preferences that may require more in-depth evaluation to determine if individualized care planning is needed. This further evaluation is accomplished through a process called **Resident Assessment Protocols** (RAPS).

There are currently 18 RAPS representing common conditions that affect nursing home residents and they have been a part of the comprehensive assessment process since October, 1990.

They are not part of the Medicare assessment process that was implemented in 1998 and are not done for Medicare only assessments.

RAPS are required for

- **The initial admission MDS that must be completed by the 14th day of the resident's stay,**

- **For a significant change of status,**

- **Annually and**

- **For a significant correction of prior full assessment.**

They are not required for quarterly assessments.

The RAPS provide a standardized way to review clinical areas that have been identified from the MDS as needing more evaluation.

The RAPS help staff identify potentially reversible causes, complicating risk factors, the need for further information or referral to other health professionals and whether or not care planning should occur.

Marge   **Shirley**
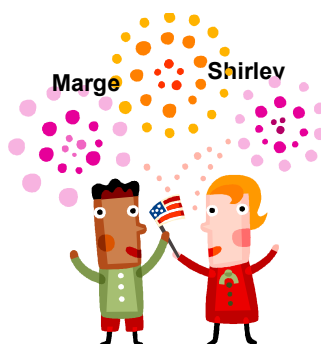
List of RAPS

Here is a list of the 18 RAP problem areas:

1. Delirium.
2. Cognitive Loss.
3. Visual Function.
4. Communication.
5. ADL Functional / Rehab Potential.
6. Urinary Incontinence & Indwelling Catheter.
7. Psychosocial Well-being.
8. Mood State.
9. Behavioral Symptoms.
10. Activities.
11. Falls.
12. Nutritional Status.
13. Feeding Tubes.
14. Dehydration/Fluid Maintenance.
15. Dental Care.
16. Pressure Ulcers.
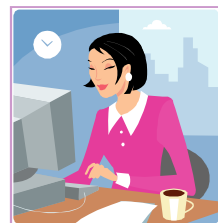17. Psychotropic Drug Use.
18. Physical Restraints.

Our goal…

Our goal is to help you accurately assess, code, and transmit the MDS.

Accurate assessment forms a solid foundation for individualized care to help residents achieve their highest level of well-being.

Question: The State of Washington requires full assessments for all quarterlies. Only one section is omitted — what is it?

Answer: Section V RAPS

The RAP Rap

originally by Rose Davis and Pat Bliss updated by Marge Ray 2008

This is the Resident Assessment Instrument,
From the Federal Government it's been sent.

There're lots of parts, as you can see
From the MDS to the Summary.

To be sure the horse isn't before the cart,
The Minimum Data Set is where you start.

Don't be scared, there ain't no gun,
But we've got triggers…just for fun!

Triggers are your friend, you must trust me,
They'll get ya thru the RAPS, professionally.

RAP, RAP, RAP is what we call,
The ***Resident Assessment Protocol***

The MDS tells what's going on,
Triggers tell us something's wrong.

RAPS, you know, help to tell us why.
The Care Plan shows us what to try.

Quality Care is what we plan to achieve
In every home from A to Z…so

RAP, RAP, RAP that's what we do
To plan the care for me and you.

Q2IT — Finding Info on RAPS—*Tips from the Treasure Trove*

Question:

Where do I find information about the RAPS?

Answer: To find RAPS, go to Chapter 4 and in Appendix C of the RAI User's Manual.

All 18 RAPS are organized the same way. They each contain four parts:

1. **Problem Statement.**
2. **Triggers.**
3. **Guidelines.**
4. **RAP Key.**

The **Problem Statement** provides general information about how this particular condition affects the nursing home population. It also describes the focus or objectives of the protocol.

The **Triggers** identify one or more specific MDS items that, when coded in a particular way, will flag clinical areas for further review and evaluation. If a RAP triggers, it must be reviewed.

The **Guidelines** present comprehensive information for the evaluation of factors

that may cause, contribute or worsen the condition. The Guidelines help staff determine if a triggered condition impacts the functional status of the resident or if the resident is at risk for developing the condition. This is where the detective work takes place.

The **RAP Key** summarizes the triggers and guidelines and serves as a quick reference and review mechanism.

Writing up the RAP Review

Is there a specific form or a special format I need to use to document the RAP review?

No. How the assessment information is written is up to the facility.

There are several methods that can be used to document the RAP review process. RAP summary narratives, modular questionnaires, progress notes, consultation summaries, SOAP notes etc. can all be used to record the results of the review process.

Once the resident has been assessed using the triggered RAPS, the team will need to determine if new issues need to be care planned or if the current plan of care needs to be modified.

Thus the RAP process serves as a link or bridge between the MDS and the care plan all leading to assisting the resident reach their highest practicable level of functioning which is improvement where possible or maintenance and prevention of avoidable decline.

The RAP Process in Detail

RAP review is a process and must include, at a minimum, the following:

Find out which RAPS are triggered either through a software program designed to determine this automatically, or by using a worksheet called the Trigger Legend and doing it manually.

Record the triggered RAPS on Section V of the MDS. Software programs do this automatically or it can be done by checking the appropriate item in column A.

Know "why" the RAP triggered for this resident.   In other words, which MDS item(s) caused the condition to be flagged. By knowing this it can help the assessor focus the in-depth assessment on issues that may be causing or contributing to the resident's problems.

Conduct the in depth assessment following the information in the guidelines. Systematically work through the items/ issues listed to determine if they are relevant to the resident. Identify risk factors and potential complications; determine if you need additional information or if referral to other health care professionals is needed. A risk factor is something that increases the chances for a negative outcome to occur and a complication is a

negative outcome.

Analyze the information after it has been gathered.

Document the relevant findings in the clinical record to include:

- The nature of the condition—how does it affect the resident and the resident's functioning

- Complications and risk factors that might affect the care planning decision

- Need for referrals or further evaluation

- Any other factors that must be considered in developing the individualized care plan interventions

- Will care planning be done and if not, why not

On Section V of the MDS in the column labeled "Location and Date of RAP Assessment Documentation", record where in the resident's record the information noted above can be found and the date(s) of those chart entries.

This serves as a "road map" for the reader to find the information in the clinical record.

If care planning will be done for the triggered RAP, check the appropriate box in Column B of Section V then the RN coordinator for the RAP process will sign and date at the bottom of the form.

When the care planning decisions are completed the staff person responsible for this function will also date and sign section V.

Error corrections and RAPs

If RAPs are electronically calculated based on MDS items that are in error, then the RAPs, logically, may also be in error.

For this reason, RAPs should be recalculated and then corrected on the comprehensive assessment. Whenever RAPs trigger differently on a corrected comprehensive assessment, the facility must determine whether there is an impact on the current care plan.

If there is impact on the current care plan then, in addition to the modification, the facility must also submit a new Significant Correction or Significant Change assessment, whichever is appropriate.

Source: www.QTSO.com
At this site, go to MDS, then MDS Downloads, and MDS Corrections… Manual.

Connecting RAPS to Regulations

The RAPS were implemented in 1990 with MDS 1.0. At that time they reflected the standards of care for selected clinical areas in long term care (LTC).

Over the past 18 years, some of the standards have changed, but the RAPS have not been updated. To make sure that relevant areas are not missed when reviewing the RAPS, please see the link at the end of this article for the LTC regulations in the State Operational Manual Appendix pp.

Since 1990, several of the regulations (often referred to as F-Tags) have been updated to include an "Investigative Protocol" that nursing home surveyors use to evaluate nursing home compliance during the annual inspection. These protocols can serve as an additional assessment tool for you when reviewing the RAPS, as they reflect the current standards of care for each clinical area.

Below are some of those F-Tags and the corresponding RAP:

F-Tag   RAP

248-Activities→ #10 Activities

314-Pressure Sores → #16 Pressure Ulcers

315-Urinary Incontinence → #6 Urinary Incontinence/Indwelling Catheter

323-Accident Prevention→ #11 Falls

Please note: Reviewing the RAPS is required on a comprehensive assessment. Using the F-Tags in addition is not required, but may be helpful. Nursing homes are expected to provide care and services that meet professional standards of quality at all times.

This means that services are provided according to accepted standards of clinical practice. The standards of clinical practice may be more accurately reflected in some of the LTC regulations than in the current RAPs.

Save these dates for the *LAST* MDS 2.0 training:

Back to Basics MDS 101
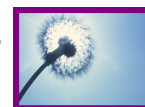
Sept 23 & 24, 2008   Yakima
October 1 & 2, 2008   Spokane
October 16 & 17, 2008   Lacey
October 23 & 24, 2008   Burien
October 30 & 31, 2008   Everett

Check the following link in August for times, locations, and more specifics:
www.adsa.dshs.wa.gov/professional/nh.htm

Regulation link: www.cms.hhs.gov/manuals/downloads/som107_Appendicestoc.pdf

For Washington State Nursing Home Staff… A newsletter from Residential Care Services Of Aging & Disability

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What should I do if a resident dies before the RAPS are done?

In the RAI User's Manual Chapter 3, page 239 there is a section on what to do if a resident discharges prior to the completion of Section V.

Since the RAP process is to help with care planning decisions, it does not make sense to spend time on assessment for a person who will not benefit from the outcome, an individualized plan of care.

If a resident deceases before the RAP process can be completed, simply run the RAP and Trigger report from the software to find out which RAPS were triggered by the MDS, write a progress note identifying the triggered RAPS and that the review was not completed due to the residents death.

Also state that care planning was not done on Section V in the column for date and location of RAP assessment documentation say, "refer to progress note dated _____", sign and date using the date the RAP triggers were computed at VB2 and VB4. This process will allow you to submit the comprehensive assessment without a RAP review.

Do not use this process to avoid the RAP review for a resident who discharges to the hospital and is expected to return. In this situation either complete the RAP review in total or delay the assessment, if possible, until the resident returns to the facility.

State of WA NH web sites

MDS Clinical web page
http://www.adsa.dshs.wa.gov/Professional/MDS/Clinical/

MDS Automation web page
http://www.adsa.dshs.wa.gov/Professional/MDS/Automation/

NH Rates web page
http://www.adsa.dshs.wa.gov/professional/rates/

Casemix web page
http://www.adsa.dshs.wa.gov/professional/CaseMix/

"Dear Administrator " web page

http://www.ADSA.dshs.wa.gov/professional/letters/nh/2008/

ADSA on the Web!

http://www.adsa.dshs.wa.gov/

MDS for the State of Washington

Computer Corner— RAP Error Messages

The most common error message related to RAPS is –75, In consistent RAP value.

–75 "*Inconsistent RAP value: The submitted RAP value (MDS item above) does not match the RAP value calculated by the State database. (1 indicates RAP was triggered; 0 indicates RAP was not triggered),*"

This happens when the RAP value submitted in Section V is incorrect based on the information submitted. This may happen if you need an updated file loaded from your MDS software vendor.

Here are the tips and actions from the CMS Error Message Manual:

Tip: Hyphen (-) is used in the MDS fields to indicate "unknown." If a RAP is not clearly triggered by the response in any one of the

fields associated with that RAP and at least one of the fields contains a hyphen (-), indicating unknown, then the RAP response must also be a hyphen (-), indicating unknown.

To fix any –75 errors, CMS lists the following actions:

* Contact your software vendor for assistance.

* Make appropriate corrections to the record and resubmit.

* Refer to the LTC RAI User's Manual for item-by item instructions for the MDS and the RAP trigger legend.

* Refer to the current data specifications for this item to determine acceptable values.

Other errors related to RAP:

-116   The cause of this error is that A3a (assessment reference date) must precede or be the same as VB2 (RAP completion date). If VB2 is earlier than A3a, the record will be rejected.

-117   The cause of this error is that VB2 (RAP completion date) must precede or be the same as VB4 (care plan completion date). If VB4 is earlier than VB2, the record will be rejected.

To fix these errors make appropriate corrections to the record and resubmit. Refer to the LTC RAI User's Manual for item-by item instructions for the MDS. Also, you may need to refer to the current data specifications for this item to determine acceptable values.